

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097857128

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3							53						
4	/		/		/		54						
5					/		55						
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44					/		94						
45					/		95						
46					/		96						
47					/		97						
48					/		98						
49					/		99						
50					/		100						
TOTAL IND.	11		10				TOTAL IND.						
TOTAL DEP.			29				TOTAL DEP.						
TOTAL CLAIMS			39				TOTAL CLAIMS						